

Submit CD's Only.

**Excel spreadsheets will
NOT be accepted!**

**MAINE DEPARTMENT OF LABOR
Bureau of Unemployment Compensation**

Request for Employer Experience Rate

<<< TXSRR >>>

Send CD to:

Maine Office of Information Technology
Dept. of Administrative & Financial Services
Attn: David Schermerhorn ~ Media Library
45 Commerce Drive
103 State House Station
Augusta, ME 04333-0103

Tel: 207-621-5084

CD Number: _____

Return CD to:

Filled in by Department of Labor:

Matches	-	_____
No Match	-	_____
Inactive	-	_____

Rate CD Record Layout
(Sending and Receiving)

Position:

1-10	Maine State ID number (numeric)
11-17	Blank
18-19	Seasonal code
20-29	Seasonal period MMDDMMDDYY (Start date – End date)
30-30	Employer Active/Inactive (1=active, 0 = inactive)
31-37	Employer Adjusted Unemployment Tax Rate (Example: 2.7% = 0027000) Requesting Agency - leave blank Dept. of Labor - insert UI Adjusted Tax rate
38-44	Competitive Skills Training Fund Tax Rate (Example: 0.05% = 0000500) Requesting Agency - leave blank Dept. of Labor - insert CSSF rate
45-80	Blank

CD format:

LRECL 80
BLKSIZE 800
EBCDIC
Standard IBM O/S Labels
1600 BPI